

Case Number:	CM14-0102280		
Date Assigned:	07/30/2014	Date of Injury:	01/03/2012
Decision Date:	09/09/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50-year-old male who was reportedly injured on 1/3/2012. The mechanism of injury was noted as a motor vehicle accident. The most recent progress note dated 5/21/2014, indicated that there were ongoing complaints of occasional neck pain that radiated into the right upper extremity and low back pain that radiated down the left lower extremity. No current physical exam was listed in this date of service. Diagnostic imaging studies included a magnetic resonance image of the lumbar spine, dated 2/4/2014, which revealed postoperative changes at L5-S1 with mature effusion and diffuse posterior facet hypertrophy. No disc herniation or nerve root impingement. Previous treatment included cervical fusion, right shoulder arthroscopy, lumbar fusion, physical therapy, and medications. A request was made for lumbar epidural steroid injection at L4-L5 on the left side and was not certified in the pre-authorization process on 7/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbar Epidural Steroid Injection under Fluoroscopy at Left L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the California Medical Treatment Utilization Schedule guidelines. Specifically, there is no documentation of physical exam findings of radiculopathy, or a corroborating diagnostic study. As such, the requested procedure is deemed not medically necessary.